



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)


### PART I LOBBYIST

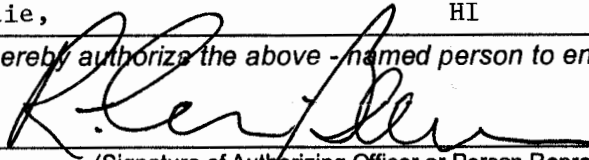
NAME(Last)	(First)	(Middle)	TELEPHONE
Rosehill,	Linda	K.	536-2611
MAILING ADDRESS (Street)			FAX
1088 Bishop Street Suite 1010			524-2628
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Rosehill & Associates			
MAILING ADDRESS (Street)			FAX
Same as above			
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Reserves, Inc.	293-6466	
MAILING ADDRESS (Street)	FAX	
55-510 Kamehameha Hwy.	293-6566	
(City)	(State)	(Zip Code)
Laie,	HI	96762
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Steve Hoag		293-6466
MAILING ADDRESS (Street)		FAX
55-510 Kam. Hwy.		293-6566
(City)	(State)	(Zip Code)
Laie	HI	96762

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (Indicate below)
Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	1-16-05 (Date)

PART V AUTHORIZATION TO LOBBY	
NAME R. Eric Beaver	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO
NAME OF ORGANIZATION (if applicable) Hawaii Reserves, Inc.	TELEPHONE 293-6466
MAILING ADDRESS (Street) 55-510 Kamehameha Hwy.	FAX 293-6566
(City) Laie,	(State) HI
(Zip Code) 96762	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
 (Signature of Authorizing Officer or Person Represented)	1/19/05 (Date)